

Based on an OGE request last year as approved by the General Services Administration, the SF 278 Public Financial Disclosure Report can now be electronically duplicated without standard form exception clearance pursuant to GSA's Federal Information Resources Management Regulation Bulletin B-3, provided that the bulletin's strict duplication standards (precisely paralleling the original paper form to the extent feasible) are complied with. Thus, departments and agencies can develop their own electronic SF 278 forms. The Office of Government Ethics is also considering development of a stand-alone electronic SF 278 form that would be made available free of charge or at cost to executive branch departments and agencies. In addition, that electronic version of the form could be placed on OGE's electronic bulletin board entitled "The Ethics Bulletin Board System" (TEBBS). For now, OGE notes that even with these electronic initiatives, the SF 278 reports, once completed, will still need to be printed out and signed manually. Electronic filing is not authorized at the present time for the SF 278s.

Public comment is invited on each aspect of the SF 278 Public Financial Disclosure Report as set forth in this notice, including specifically views on the need for and practical utility of this collection of information, the accuracy of OGE's burden estimate, the potential for enhancement of quality, utility and clarity of the information collected, and the minimization of burden (including the use of information technology).

Comments received in response to this notice will be summarized for, and may be included with, the OGE request for extension of the OMB paperwork approval for this information collection. The comments will also become a matter of public record.

Approved: February, 1996.

Stephen D. Potts,

*Director, Office of Government Ethics.*

[FR Doc. 96-5250 Filed 3-5-96; 8:45 am]

BILLING CODE 6345-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Notice of Availability of the Report of the Commission on Research Integrity

Notice is hereby given of the availability of the final Report of the Commission on Research Integrity: Integrity and Misconduct in Research. The mandate of the Commission was to develop recommendations for the

Secretary of Health and Human Services (DHHS) and the Congress on the administration of Section 493 of the Public Health Service Act, as amended by and added to by Section 161 of the NIH Revitalization Act of 1993.

Henrietta D. Hyatt-Knorr, Executive Secretary of the Commission on Research Integrity, can be reached at Rockwall II, Suite 700, 5515 Security Lane, Rockville MD 20852, (301) 443-3400 (phone), (301) 443-5351 (fax), or at hhyatt@osophs.ssw.dhhs.gov (Internet). The report is available on the World Wide Web (WWW) at the ORI Homepage at <http://phs.os.dhhs.gov/phs/ori/ori-home.html>. To access the report go to "Publications", "Additional", and Number 10: "Integrity and Misconduct in Research." All interested parties are encouraged to access the report in this manner.

The Executive Secretary can also provide a WordPerfect 5.1 or 6.1 version on a disk. Please submit the request along with a 3 1/2", formatted disk (IBM-compatible) and a self-addressed, stamped envelope.

Printed copies of the report are available free of charge from the Executive Secretary.

Henrietta D. Hyatt-Knorr,

*Executive Secretary, Commission on Research Integrity.*

[FR Doc. 96-5210 Filed 3-5-96; 8:45 am]

BILLING CODE 4160-17-P

### Administration for Children and Families

#### Office of Community Services

[Program Announcement No. OCS-96-02]

#### Request for Applications Under the Office of Community Services' Fiscal Year 1996 National Youth Sports Program

**AGENCY:** Office of Community Services, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Request for applications under the Office of Community Services' National Youth Sports Program.

**SUMMARY:** The Office of Community Services (OCS) announces that competing applications will be accepted for new grants pursuant to the Secretary's discretionary authority under Section 682 of the Community Services Block Grant Act of 1981, as amended. This Program Announcement contains forms and instructions for submitting an application.

**CLOSING DATE:** The closing time and date for receipt of applications is 4:30 p.m. (Eastern Time Zone) April 22, 1996.

Applications received after 4:30 p.m. will be classified as late.

**CONTACT:** Joseph R. Carroll, Acting Director, Division of Community Discretionary Programs, Office of Community Services, Administration for Children and Families, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, (202) 401-9345.

This Announcement is accessible on the OCS Electronic Bulletin Board for downloading through your computer modem by calling 1-800-627-8886. For assistance in accessing the Bulletin Board, a Guide to Accessing and Downloading is available from Ms. Minnie Landry at (202) 401-5309.

### Part A—Preamble

#### 1. Legislative Authority

Section 682 of the Community Services Block Grant Act, as amended, authorizes the Secretary of Health and Human Services to make a grant to an eligible service provider to administer national or regional programs designed to provide instructional activities for low-income youth.

#### 2. Definitions of Terms

For purposes of this Program Announcement the following definitions apply:

- Low-income youth: a youth between the ages of 10 through 16 whose family income does not exceed the DHHS Poverty Income Guidelines.
- Eligible Applicant: A national private nonprofit organization, a coalition of such organizations, or a private nonprofit organization applying jointly with a business concern that has demonstrated experience in operating a program providing instructions to low-income youth.
- Budget period: The interval of time into which a grant period of assistance is divided for budgetary and funding purposes.
- Project period: The total time for which a project is approved for support, including any approved extensions.

### Part B—Application Prerequisites

#### 1. Eligible Applicants

OCS will only consider those applications received from entities which are eligible applicants as specified in Part A 2. of this Announcement. Non-profit organizations must submit proof of their non-profit status in their applications at the time of submission. Failure to do so will result in rejection of their

applications. The non-profit agency can accomplish this by providing a copy of the applicant's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in Section 501(c)(3) of the IRS code or by providing a copy of the currently valid IRS tax exemption certificate, and by providing a copy of the articles of incorporation bearing the seal of the State in which the corporation or association is domiciled.

## 2. Number of Grants, Grant Amount, and Matching Requirements

### a. Number of Grants

The OCS anticipates, subject to the availability of funds, that one grant will be made under this program.

### b. Grant Amounts

Estimated twelve million dollars (\$12,000,000) subject to final appropriation.

### c. Matching Requirements

The grants require a match of either cash or third party in-kind of one dollar for each dollar awarded up to \$9,400,000 and a cash match of 29% of the Federal funds requested in excess of \$9,400,000.

## 3. Project Period and Budget Period

The project and budget periods must not exceed 12 months, with significant amount of program activities to be undertaken in the period covering June, July and August 1996.

## 4. Administrative Costs/Indirect Costs

No funds from a grant made under this program may be used for administrative expenses. To the extent that indirect costs are not administrative in nature, such costs may be allowed provided the grantee has negotiated an approved Indirect Cost Rate Agreement which excludes administrative expenses. However, it should be understood that indirect costs are part of, and not in addition to, the amount of funds awarded in the subject grant.

## 5. Program Beneficiaries

Projects proposed for funding under this Announcement must result in direct benefits targeted toward 10–16 year olds from low-income families.

Attachment A to this Announcement is an excerpt from the most recently published Poverty Income guidelines. Annual revisions of these Guidelines are normally published in the Federal Register in February or early March of each year and are applicable to projects being implemented at the time of publication. Grantees will be required to apply the most recent Guidelines

throughout the project period. The Federal Register may be obtained from public libraries, Congressional offices, or by writing the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. In addition, it may be obtained by downloading from the OCS Electronic Bulletin Board. (See instructions under **CONTACT** at the beginning of this document.)

No other government agency or privately defined poverty guidelines are applicable to the determination of low-income eligibility for this OCS program.

## 6. Multiple Submittals

An applicant organization should not submit more than one application under this Program Announcement.

## Part C—Purpose and project Requirements

### 1. Purpose

The Department of Health and Human Services is committed to improving the health and physical fitness of young people, particularly those that are members of low-income families and residents of economically disadvantaged areas of the United States.

The Department seeks to improve the lives of these young people through sports skill instruction, counseling in good health practices, and counseling related to anti-drug and anti-alcohol abuse.

### 2. Project Requirements

Any instructional activity carried out by an eligible service provider receiving a grant under this Program Announcement shall be carried out on the campus of an institution of higher education (as defined in section 1201(a) of the Higher Education Act) and shall include—

- a. access to the facilities and resources of such institution;
- b. an initial medical examination and follow-up referral or treatment, without charge, for youth during their participation in such activity;
- c. at least one nutritious meal daily, without charge, for participating youth during each day of participation;
- d. high quality instruction in a variety of sports (that shall include swimming and that may include dance and any other high quality recreational activity) provided by coaches and teachers from institutions of higher education and from elementary and secondary schools (as defined in sections 1471(8) and 1471(21) of the Elementary and Secondary Education Act of 1965); and
- e. enrichment instruction and information on matters relating to the

well-being of youth, to include educational opportunities and study practices, education for the prevention of drug and alcohol abuse, health and nutrition, career opportunities, and family and job responsibilities.

## Part D—Review Criteria

Applications which pass the initial screening and pre-rating review described in Part G 5. will be assessed and scored by reviewers. These numerical scores will be supported by explanatory statements on a formal rating form describing major strengths and weaknesses under each applicable criterion published in this Announcement.

The in-depth evaluation and review process will use the criteria set forth below coupled with the specific requirements described in Part G.

Applicants should write their project narrative according to the review criteria using the same sequential order.

### Criteria for Review and Evaluation of Applications Submitted Under This Program Announcement

1. **Criterion I: Location and number of institutions of Higher Education** (Maximum: 20 points).

a. Applicant must describe and document the number and location of Institutions of Higher Education committed to participation in this program, with special attention to documenting the accessibility of the schools to economically disadvantaged communities (0–12 points).

b. Applicant must describe in the aggregate the facilities which will be available on the campuses of the institutions to be used in the program (swimming pools, medical facilities, food preparation facilities, etc.) (0–8 points).

2. **Criterion II: Adequacy of Work Program** (Maximum: 20 Points).

a. Applicant must set forth realistic weekly time targets (for the summer program) and quarterly time targets (for any extended-year program activities). The time targets should specify the tasks to be accomplished in the given timeframes. (0–8 points).

b. Applicant must address the legislatively-mandated activities found in Part C.2., to include: (1) project priorities and rationale for selecting them; (2) project goals and objectives; and (3) project activities. (0–12 points).

3. **Criterion III: Significant and Beneficial Impact** (Maximum: 20 points).

a. Applicant proposes to improve nutritional services to the participating youths (0–5 points).

b. Project incorporates medical examinations along with follow-up referral or treatment (0–5 points).

c. Project includes counseling, related to anti-drug and anti-alcohol abuse, by counselors with experience in those areas as a major element (0–5 points).

d. Project makes use of an existing outreach activity of a community action agency or some other community-based organization (0–5 points).

4. *Criterion IV: Organizational Experience in Program Area and Staff Responsibilities* (Maximum: 30 points).

a. Organizational experience in program area (0–10 points).

Documentation provided indicates that projects previously undertaken have been relevant and effective and have provided significant benefits to low-income youth. Information provided should also address the achievements and competence of the participating institutions.

b. Management history (0–10 points).

Applicants must fully detail their ability to implement sound and effective management practices and if they have been recipients of other Federal or other governmental grants, they must also detail that they have consistently complied with financial and program progress reporting and audit requirements. Applicants should submit any available documentation on their management practices and progress reporting procedures. Applicant should also submit a statement by a Certified or Licensed Public Accountant as to the sufficiency of the applicant's financial management system to protect any Federal funds which may be awarded under this program.

c. Staffing skills, resources and responsibilities (0–10 points).

Applicant must briefly describe the experience and skills of the proposed project director showing that the individual is not only well qualified but that his/her professional capabilities are relevant to the successful implementation of the project. If the key staff person has not been identified, the application should contain a comprehensive position description which indicates that the responsibilities assigned to the project director are relevant to the successful implementation of the project.

The application must indicate that the applicant and the subgrantees or delegate institutions have adequate facilities and resources (i.e. space and equipment) to successfully carry out the work plan. The application must clearly show that sufficient time of the project director and other senior staff will be budgeted to assure timely implementation and oversight of the

project and that the assigned responsibilities of the staff are appropriate to the tasks identified for the project.

5. *Criterion V: Adequacy of Budget* (Maximum: 10 points).

Budget is adequate and funds requested are commensurate with the level of effort necessary to accomplish the goals and objectives of the program. The estimated cost of the project to the government is reasonable in relation to the anticipated results.

Part E—Contents of Application and Receipt Process

### 1. *Contents of Application*

Each application package should include one signed original and two additional copies of the following:

a. A signed Application for Federal Assistance (SF-424);

b. Budget Information—Non-Construction Programs (SF-424A);

c. A signed—Assurances—Non-construction Programs (SF-424B);

d. A Project Narrative consisting of the following elements preceded by a consecutively numbered Table of Contents that describes the project in the following order:

(i) Eligibility confirmation.  
(ii) Number and location of Institutions of Higher Education committed to the program and their accessibility to youth from economically disadvantaged areas.

(iii) Organization experience and staff responsibilities.

(iv) Work program (including Executive Summary)

(v) Appendices, including Bylaws; Articles of Incorporation; proof of non-profit status; resume of project director; statement by a Certified or Licensed Public Accountant as to the sufficiency of the applicant's financial management system to protect Federal funds; Single Point of Contact comments, if available; certifications regarding Lobbying, Debarment and Drug Free Workplace activities.

The total number of pages for the entire application package should not exceed 50 pages. Applications should be two holed punched at the top and fastened separately with a compressor slide paper fastener or a binder clip. The submission of bound applications, or applications enclosed in binder, is especially discouraged.

Applications must be uniform in composition since OCS may find it necessary to duplicate them for review purposes. Therefore, applications must be submitted on white 8½ x 11 inch paper only. They should not include colored, oversized or folded materials.

Do not include organizational brochures or other promotional materials, slides, films, clips, etc. in the proposal. They may be discarded, if included.

### 2. *Acknowledgement of Receipt*

All applicants will receive an acknowledgement postcard with an assigned identification number. Applicants are requested to supply a self-addressed mailing label with their application which can be attached to this acknowledgement postcard. The assigned identification number must be referred to in all subsequent communications with ACF concerning the application. If an acknowledgement is not received within three weeks after the deadline date, please notify ACF by telephone (202) 401-9365.

### Part F—Instructions for Completing Application Package

It is suggested that the applicant reproduce the SF-424 and SF-424A, and type your application on the copies. If an item on the SF-424 cannot be answered or does not appear to be related or relevant to the assistance requested write NA for "Not Applicable".

Prepare your application in accordance with the standard instructions given in Attachments B and C corresponding to the forms, as well as specific instructions set forth below:

#### 1. *SF-424 "Application for Federal Assistance"*

##### Item Numbers

1. For the purposes of this Announcement, all projects are considered "Applications"; there are no "Pre-applications". All projects are non-construction projects. Check the appropriate box under "Application".

5 and 6. The legal name of the applicant must match that listed as corresponding to the Employer Identification Number. Where the applicant is a previous Department of Health and Human Services grantee, enter the Central Registry System Employee Identification Number (EIN) and the Payment Identifying Number (PIN), if one has been assigned, in the Block entitled "Federal Identifier" located at the top right hand corner of the form.

7. If the applicant is a non-profit corporation, enter "N" in the box and specify "non-profit corporation" in the space marked "Other." Proof of non-profit status must be included in the application at the time of submission. This can be accomplished by providing a copy of the applicant's listing in the Internal Revenue Services' (IRS) most

recent list of tax-exempt organizations in section 501(c)(3) of the IRS code or by providing a copy of the articles of incorporation bearing the seal of the State in which the corporation or association is domiciled.

8. For the purposes of this Announcement, all applications are "New".

9. Enter DHHS-ACF/OCS.

10. The Catalog of Federal Domestic Assistance number for OCS programs covered under this Announcement is 93.570. The title is "CSBG Discretionary Awards."

## 2. SF-424A—"Budget Information—Non-Construction Programs"

See instructions accompanying this form as well as the instructions set forth below:

In completing these sections, the "Federal Funds" budget entries will relate to the requested OCS discretionary funds only, and "Non-Federal" will include mobilized funds from all other sources—applicant, state, local, and other. Federal funds other than requested OCS discretionary funding should be included in "Non-Federal" entries.

The budget forms in SF-424A are only to be used to present grant costs and major budget categories. Other internal project cost data must be separate and should appear as part of other project implementation data. Applicants are reminded that grant funds may not be utilized for administrative expenses.

Sections A and D of SF-424A must contain entries for both Federal (OCS) and Non-Federal (mobilized) funds. Section B contains entries for Federal (OCS) funds only. Clearly identified continuation sheets in SF-424A format should be used as necessary.

### Section A—Budget Summary

Lines 1–4, Col. (a): Line 1 Enter "CSBG Discretionary"; Col. (b): Line 1 Enter "93.570"; Col. (c): and (d); Applicants should leave columns (c) and (d) blank.

Cols. (e)–(g): For line 1, enter in columns (e), (f) and (g) the appropriate amounts needed to support the project for the budget period.

Line 5, Enter the figures from Line 1 for all columns completed as required, (c), (d), (e), (f), and (g).

### Section B—Budget Categories

Allowability of costs are governed by applicable cost principles set forth in 45 CFR Part 74.

Columns (1) and (5): In OCS applications, it is only necessary to complete Columns (1) and (5). Column

1: Enter the total requirements for OCS Federal funds by the Object Class Categories of this section:

Personnel—Line 6A: Enter the total costs of salaries and wages of applicant/grantee staff only. Do not include costs of consultants or personnel costs of delegate agencies or of specific project(s) or businesses to be financed by the applicant.

Fringe Benefits—Line 6b: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate which is entered on line 6j. Provide a breakdown of amounts and percentages that comprise fringe benefit costs.

Travel—Line 6c: Enter total costs of all travel by employees of the project. Do not enter costs for consultant's travel. Provide justification for requested travel costs.

Equipment—Line 6d: Enter the total costs of all non-expendable personal property to be acquired by the project. "Non-expendable personal property" means tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. An applicant may use its own definition of non-expendable personal property, provided that such a definition would at least include all tangible personal property as defined in the preceding sentence. (See Line 21 for additional requirements).

Supplies—Line 6e: Enter the total costs of all tangible personal property (supplies) other than that included on line 6d.

Contractual—Line 6f: Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.) and (2) contracts with secondary recipient organizations including delegate agencies and specific project(s) to be financed by the applicant.

Other—Line 6h: Enter the total of all other costs. Such costs, where applicable, may include but are not limited to insurance, food, medical and dental costs (non-contractual), fees and travel paid directly to individual consultants, space and equipment rentals, printing and publication, computer use, training costs, including tuition and stipends, training services costs including wage payments to individuals and supportive services payments, and staff development costs.

Total Direct Charges—Line 6i: Show the total of Lines 6a through 6h.

Indirect Charges—Lines 6j: Enter the total amount of indirect costs. This line should be used only when the applicant currently has an indirect cost rate approved by the Department of Health

and Human Services or another Federal agency or is awaiting such approval.

Applicants should enclose a copy of the current rate agreement.

If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately, upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the pertinent *DHHS Guide for Establishing Indirect Cost Rates*, and submit it to the appropriate DHHS Regional Office. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not be also charged as direct costs to the grant.

Totals—Line 6k: Enter the total amounts of Lines 6i and 6j. The total amount should be shown in Section B, Column 1: Carry totals from Column 1 to Column 5 for all line items.

### Section C—Non-Federal Resources

This section is to record the amounts of "non-Federal" resources that will be used to support the project. "Non-Federal" resources mean other than OCS funds for which the applicant is applying. Therefore, mobilized funds from other Federal programs, such as the Job Training Partnership Act Program, should be entered on these lines. Provide a brief listing of the non-Federal resources on a separate sheet and describe whether it is a grantee-incurred cost or a third-party in-kind contribution.

Line 8: Column (a): Enter the project title. Column (b): Enter the amount of contributions to be made by the applicant to the project. Column (c): Enter the State contribution. Column (d): Enter the amount of cash and in-kind contributions to be made from all other sources. Column (e): Enter the total of columns (b), (c), and (d).

Line 9, 10, and 11 should be left blank.

Line 12: Carry the total of each column of lines 8, (b) through (e). The amount in Column (e) should be equal to the amount on Section A, Line 5, column (f).

### Section D—Forecasting Cash Needs

Line 13: Enter the amount of Federal (OCS) cash needed for this grant by quarter.

### Section F—Other Budget Information

Line 21: Use this space and continuation sheets as necessary to fully explain and justify the major items included in the budget categories shown in Section B. Include sufficient detail to

facilitate determination of allowability, relevance to the project, and cost benefits. Particular attention must be given to the explanation of any requested direct cost budget item which requires explicit approval by the Federal agency. Budget items which require identification and justification shall include, but not be limited to, the following:

1. Salary amounts and percentage of time worked for those key individuals who are identified in the project narrative;
2. Any foreign travel;
3. A list of all equipment and estimated cost of each item to be purchased wholly or in part with grant funds and which meet the definition of nonexpendable personal property provided on Line 6d, Section B. Need for equipment must be supported in the program narrative.
4. Contractual: Major items or groups of smaller items; and
5. Other: Group into major categories all costs for consultants, local transportation, space, rental, training allowances, staff training, computer equipment, etc. Provide a complete breakdown of all costs that make up this category.

Line 22: Enter the type of HHS or other Federal agency approved indirect cost rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied and the total indirect expense. Also, enter the date the rate was approved, where applicable. Attach a copy of the rate agreement if it was negotiated with a Federal agency other than the Department of Health and Human Services.

Line 23: Provide any other explanations and continuation sheets required or deemed necessary to justify or explain the budget information.

### 3. SF-424B "Assurances—Non-Construction"

Applicants requesting financial assistance for a non-construction project must file the Standard Form 424B, "Assurances: Non-Construction Programs." Applicants must sign and return the Standard Form 424B (Attachment D) with their applications.

### 4. Restrictions on Lobbying Activities

Certification for Contracts, Grants, Loans, and Cooperative Agreements: Fill out, sign and date form found at Attachment H.

### 5. Disclosure of Lobbying Activities, SF-LLL

Fill out, sign and date form found at Attachment H, if applicable.

### 6. Project Narrative

The project narrative must address the specific concerns and requirements mentioned under Parts C and D of this Announcement. After confirmation of eligibility (as required by Part B), the narrative should follow the order and respond to the content of the criteria detailed under Part D.

### Part G—Application Procedures

#### 1. Availability of Forms

Application for awards under this OCS program must be submitted on Standard Forms (SF) 424, 424A, and 424B. Part F and Attachments B, C, and D to this Program Announcement contain all the instructions and forms required for submitting of applications. The forms may be reproduced for use in submitting applications. Copies of the Federal Register containing this Announcement are available at most local libraries and Congressional District Offices for reproduction. If copies are not available at these sources they may be obtained by writing or telephoning the office listed in the section entitled **CONTACT** at the beginning of this Announcement.

#### 2. Application Submission

The date by which applications must be received is indicated under **CLOSING DATE** at the beginning of this announcement.

**Deadline:** Mailed applications shall be considered as meeting an announced deadline if they are received on or before the deadline time and date at the U.S. Department of Health and Human Services, Administration for Children and Families, Division of Discretionary Grants, 370 L'Enfant Promenade, S.W., Mail Stop 6C-462, Washington, D.C. 20447, Attention: Application for National Youth Sports Program. Applicants are responsible for mailing applications well in advance, when using all mail services, to ensure that the applications are received on or before the deadline time and date.

Applications handcarried by applicants, applicant couriers, or by overnight/express mail couriers shall be considered as meeting an announced deadline if they are received on or before the deadline date, between the hours of 8:00 a.m. and 4:30 p.m., at the U.S. Department of Health and Human Services, Administration for Children and Families, Division of Discretionary Grant, ACF Mailroom, S.W.,

Washington, D.C. 20024, between Monday and Friday (excluding Federal holidays). (Applicants are cautioned that express/overnight mail services do not always deliver as agreed.)

ACF cannot accommodate transmission of applications by fax or through other electronic media. Therefore, applications transmitted to ACF electronically will not be accepted regardless of Date or Time of submission and time of receipt.

**Late applications:** Applications which do not meet the criteria above are considered late applications. ACF shall notify each late applicant that its application will not be considered in the current competition.

**Extension of deadlines:** ACF may extend the deadline for all applicants because of acts of God such as floods, hurricanes, etc., or when there is a widespread disruption of the mails. However, if ACF does not extend the deadline for all applicants, it may not waive or extend the deadline for any applicants.

**Paperwork Reduction Act of 1980:** Under the Paperwork Reduction Act of 1980, Public Law 96-511, the Department is required to submit to OMB for review and approval any reporting and recordkeeping requirements in regulations, including Program Announcements. This Program Announcement does not contain information collection requirements beyond those approved for ACF grant applications under OMB Control Number 0348-0040.

### 3. Intergovernmental Review

Executive Order 12372—Notification Process: This program is covered under Executive Order 12372, "Intergovernmental Review of Federal Programs," and 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Under the Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

All States and Territories except Alaska, Colorado, Connecticut, Hawaii, Idaho, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Virginia, Washington, American Samoa and Palau have elected to participate in the Executive Order process and have established Single Points of Contacts (SPOCs). Applicants from these twenty jurisdictions need take no action regarding E.O. 12372. Applicants for projects to be administered by Federally-recognized Indian Tribes are

also exempt from the requirements of E.O. 12372. Otherwise, applicants should contact their SPOCs as soon as possible to alert them of the prospective applications and receive any necessary instructions. Applicants must submit any required material to the SPOCs as soon as possible so that the program office can obtain and review SPOC comments as part of the award process. It is imperative that the applicant submit all required materials, if any, to the SPOC and indicate the date of this submittal (or the date of contact if no submittal is required) on the Standard Form 424, item 16a.

Under 45 CFR 100.8(1)(2), a SPOC has 60 days from the application deadline date to comment on proposed new or competing continuation awards.

SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations.

Additionally, SPOCs are requested to clearly differentiate between mere advisory comments and those official State process recommendations which may trigger the "accommodate or explain" rule.

When comments are submitted directly to ACF, they should be addressed to: Department of Health and Human Services, Administration for Children and Families, Division of Discretionary Grants, 6th Floor, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447.

A list of the Single Points of Contact for each State and Territory is included as Attachment G of this Announcement.

#### 4. Application Consideration

Applications which meet the screening requirements in Section 5 below will be reviewed competitively. Such applications will be referred to reviewers for a numerical score and explanatory comments based solely on responsiveness to program guidelines and evaluation criteria published in this Announcement. Applications will be reviewed by persons outside of the OCS unit which would be directly responsible for programmatic management of the grant. The results of these reviews will assist the Director and OCS program staff in considering competing applications. Reviewers' scores will weigh heavily in funding decisions but will not be the only factors considered. Applications will generally be considered in order of the average scores assigned by reviewers. However, highly ranked applications are not guaranteed funding since the Director may also consider other factors deemed relevant including, but not limited to, the timely and proper completion of projects funded with OCS

funds granted in the last five (5) years; comments of reviewers and government officials; staff evaluation and input; geographic distribution; previous program performance of applicants; compliance with grant terms under previous DHHS grants; audit reports; investigative reports; and applicant's progress in resolving any final audit disallowances on OCS or other Federal agency grants. OCS reserves the right to discuss applications with other Federal or non-Federal funding sources to ascertain the applicant's performance record.

#### 5. Criteria for Screening Applications

All applications that meet the published deadline for submission will be screened to determine completeness and conformity to the requirements of this Announcement. Only those applications meeting the following requirements will be reviewed and evaluated competitively. Others will be returned to the applicants with a notation that they were unacceptable.

##### a. Initial Screening

(1) The application must contain a completed Standard Form SF-424 signed by an official of the entity applying for the grant who has authority to obligate the organization legally;

(2) a budget (SF-424A); and

(3) "Assurances" (SF-424B) signed by the appropriate official.

##### b. Pre-rating Review

Applications which pass the initial screening will be forwarded to reviewers for analytical comment and scoring based on the criteria detailed in the section below and the specific requirements contained in Part C of this Announcement. Prior to the programmatic review, these reviewers and/or OCS staff will verify that the applications comply with this Program Announcement in the following areas:

(1) Eligibility: Applicant meets the eligibility requirements found in Part A2.

(2) Target Populations: The application clearly targets the specific outcomes and benefits of the project to low-income participants as defined in the DHHS Poverty Income Guidelines (Attachment A).

(3) Grant Amount: The amount of funds requested does not exceed the estimated amount of \$12 million.

(4) Program Focus: The application addresses the geographic scope and project requirements described in Part C of this Announcement.

##### c. Evaluation Criteria

Applications which pass the initial screening and pre-rating review will be assessed and scored by reviewers. Each reviewer will give a numerical score for each application reviewed. These numerical scores will be supported by explanatory statements on a formal rating form describing major strengths and major weaknesses under each applicable criterion published in this Announcement.

#### Part H—Post-Award Information and Reporting Requirements

Following approval of the applications selected for funding, notice of project approval and authority to draw down project funds will be made in writing. The official award document is the Financial Assistance Award which provides the amount of Federal funds for use in the project period, the budget period for which support is provided, and the terms and conditions of the award.

In addition to the General Conditions and Special Conditions (where the latter are warranted) which will be applicable to grant, the grantee will be subject to the provisions of 45 CFR Part 74 along with OMB Circulars A-122, A-133, and, for institutions of higher education, A-21.

Grantee will be required to submit progress and financial reports (SF-269).

Grantee is subject to the audit requirements in 45 CFR Part 74.

Applicants requesting financial assistance for a non-construction project must file the Standard Form 424B, "Assurances: Non-Construction Programs." Applicants must sign and return the Standard Form 424B with their applications.

Applicants must provide a certification concerning Lobbying. Prior to receiving an award in excess of \$100,000, applicants shall furnish an executed copy of the lobbying certification. Applicants must sign and return the certification with their applications.

Applicants must make the appropriate certification of their compliance with the Drug-Free Workplace Act of 1988. By signing and submitting the applications, applicants are providing the certification and need not mail back the certification with the applications.

Applicants must make the appropriate certification that they are not presently debarred, suspended or otherwise ineligible for award. By signing and submitting the applications, applicants are providing the certification and need not mail back the certification with the applications.

Copies of the certifications and assurances are located at the end of this Announcement.

Section 319 of Public Law 101-121, signed into law on October 23, 1989, imposes new prohibitions and requirements for disclosure and certification related to lobbying when an applicant has engaged in lobbying activities or is expected to lobby in trying to obtain the grant. It provides limited exemptions for Indian tribes and tribal organizations. Current and prospective recipients (and their subtier contractors and/or grantees) are prohibited from using appropriated funds for lobbying Congress or any Federal agency in connection with the

award of a contract, grant cooperative agreement or loan. In addition, for each award action in excess of \$100,000 (or \$150,000 for loans) the law requires recipients and their subtier contractors and/or subgrantees (1) to certify that they have neither used nor will use any appropriated funds for payment to lobbyists, (2) to submit a declaration setting forth whether payments to lobbyists have been or will be made out of nonappropriated funds and, if so, the name, address, payment details, and purpose of any agreements with such lobbyists whom recipients or their subtier contractors or subgrantees will pay with the nonappropriated funds and (3) to file quarterly updates about the

use of lobbyists if an event occurs that materially affects the accuracy of the information submitted by way of declaration and certification. The law establishes civil penalties for noncompliance and is effective with respect to contracts, grants, cooperative agreements and loans entered into or made on or after December 23, 1989. See Attachment H for certification and disclosure forms to be submitted with the applications for this program.

Attachment I indicates the regulations which apply to all applicants/grantees under the Discretionary Grants Program.

Dated: February 28, 1996.

Donald Sykes,

Director, Office of Community Services.

ATTACHMENT A

| Size of family unit | Poverty guideline |
|---------------------|-------------------|
|---------------------|-------------------|

**1995 POVERTY INCOME GUIDELINES FOR ALL STATES (EXCEPT ALASKA AND HAWAII) AND THE DISTRICT OF COLUMBIA**

|         |          |
|---------|----------|
| 1 ..... | \$ 7,470 |
| 2 ..... | 10,030   |
| 3 ..... | 12,590   |
| 4 ..... | 15,150   |
| 5 ..... | 17,710   |
| 6 ..... | 20,270   |
| 7 ..... | 22,830   |
| 8 ..... | 25,390   |

For family units with more than 8 members, add \$2,560 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

**POVERTY INCOME GUIDELINES FOR ALAKSA**

|         |          |
|---------|----------|
| 1 ..... | \$ 9,340 |
| 2 ..... | 12,540   |
| 3 ..... | 15,740   |
| 4 ..... | 18,940   |
| 5 ..... | 22,140   |
| 6 ..... | 25,340   |
| 7 ..... | 28,540   |
| 8 ..... | 31,740   |

For family units with more than 8 members, add \$3,200 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in figures above.)

**POVERTY GUIDELINES FOR HAWAII**

|         |          |
|---------|----------|
| 1 ..... | \$ 8,610 |
| 2 ..... | 11,550   |
| 3 ..... | 14,490   |
| 4 ..... | 17,430   |
| 5 ..... | 20,370   |
| 6 ..... | 23,310   |
| 7 ..... | 26,250   |
| 8 ..... | 29,190   |

For family units with more than 8 members, add a \$2,940 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

Attachment B  
**APPLICATION FOR  
 FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

|  |    |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
|--|----|--|----------------------|------------|----|--|--|--|--|--|--|--|--|--------------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|-------------------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|--|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction <input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction   |    | <b>2. DATE SUBMITTED</b>   | Applicant Identifier |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>3. DATE RECEIVED BY STATE</b>   |    | State Application Identifier   |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  |    | Federal Identifier   |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>5. APPLICANT INFORMATION</b>  |    |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| Legal Name:  |    | Organizational Unit:   |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| Address (give city, county, state, and zip code):  |    | Name and telephone number of the person to be contacted on matters involving this application (give area code)   |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |    | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>A. State</li> <li>B. County</li> <li>C. Municipal</li> <li>D. Township</li> <li>E. Interstate</li> <li>F. Intermunicipal</li> <li>G. Special District</li> <li>H. Independent School Dist.</li> <li>I. State Controlled Institution of Higher Learning</li> <li>J. Private University</li> <li>K. Indian Tribe</li> <li>L. Individual</li> <li>M. Profit Organization</li> <li>N. Other (Specify): _____</li> </ul>   |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other (specify): _____ |    | <b>9. NAME OF FEDERAL AGENCY:</b>  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]<br>TITLE:  |    | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>   |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>   |    | <b>13. PROPOSED PROJECT:</b><br>Start Date      Ending Date  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant      b. Project   |    | <b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                      | a. Federal | \$ |  |  |  |  |  |  |  |  | b. Applicant | \$ |  |  |  |  |  |  |  |  | c. State | \$ |  |  |  |  |  |  |  |  | d. Local | \$ |  |  |  |  |  |  |  |  | e. Other | \$ |  |  |  |  |  |  |  |  | f. Program Income | \$ |  |  |  |  |  |  |  |  | g. TOTAL | \$ |  |  |  |  |  |  |  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE _____<br>b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |
| a. Federal   | \$ |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| b. Applicant   | \$ |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| c. State   | \$ |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| d. Local   | \$ |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| e. Other   | \$ |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| f. Program Income  | \$ |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| g. TOTAL   | \$ |  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No  |    | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>  |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| a. Typed Name of Authorized Representative   |    | b. Title   | c. Telephone number  |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |
| d. Signature of Authorized Representative  |    | e. Date Signed   |                      |            |    |  |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |  |  |

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
 Prescribed by OMB Circular A-102

Authorized for Local Reproduction

## Instructions for the SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

## Item and Entry

1. Self-explanatory.
2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).
3. State use only (if applicable).
4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

- “New” means a new assistance award.
- “Continuation” means an extension for an additional funding/budget period for a project with a projected completion date.
- “Revision” means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by

each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representatives of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

**BILLING CODE 4184-01-M**

Attachment C

OMB Approval No. 0348-0044

**BUDGET INFORMATION — Non-Construction Programs**

| SECTION A - BUDGET SUMMARY               |   |                             |                 |                       |                 |           |
|--|---|-----------------------------|-----------------|-----------------------|-----------------|-----------|
| Grant Program Function or Activity (a)   | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds |                 | New or Revised Budget |                 |           |
|  |   | Federal (c)                 | Non-Federal (d) | Federal (e)           | Non-Federal (f) | Total (g) |
| 1.                                       |   | \$                          | \$              | \$                    | \$              | \$        |
| 2.                                       |   |                             |                 |                       |                 |           |
| 3.                                       |   |                             |                 |                       |                 |           |
| 4.                                       |   |                             |                 |                       |                 |           |
| 5. TOTALS                                |   | \$                          | \$              | \$                    | \$              | \$        |
| SECTION B - BUDGET CATEGORIES            |   |                             |                 |                       |                 |           |
| Object Class Categories                  | GRANT PROGRAM, FUNCTION OR ACTIVITY               |                             |                 |                       |                 |           |
|  | (1)   | (2)                         | (3)             | (4)                   | Total (5)       |           |
| a. Personnel                             | \$  | \$                          | \$              | \$                    | \$              |           |
| b. Fringe Benefits                       |   |                             |                 |                       |                 |           |
| c. Travel                                |   |                             |                 |                       |                 |           |
| d. Equipment                             |   |                             |                 |                       |                 |           |
| e. Supplies                              |   |                             |                 |                       |                 |           |
| f. <del>Contractual</del>                |   |                             |                 |                       |                 |           |
| g. Construction                          |   |                             |                 |                       |                 |           |
| h. Other                                 |   |                             |                 |                       |                 |           |
| i. Total Direct Charges (sum of 6a - 6h) |   |                             |                 |                       |                 |           |
| j. Indirect Charges                      |   |                             |                 |                       |                 |           |
| k. TOTALS (sum of 6i and 6j)             | \$  | \$                          | \$              | \$                    | \$              |           |
| 7. Program Income                        | \$  | \$                          | \$              | \$                    | \$              |           |

Standard Form 424A (4-88)  
Prescribed by OMB Circular A-102

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| SECTION C - NON-FEDERAL RESOURCES   |                                |             |                   |             |             |
|---|--------------------------------|-------------|-------------------|-------------|-------------|
| (a) Grant Program   | (b) Applicant                  | (c) State   | (d) Other Sources | (e) TOTALS  |             |
| 8.  | \$                             | \$          | \$                | \$          | \$          |
| 9.  |                                |             |                   |             |             |
| 10.   |                                |             |                   |             |             |
| 11.   |                                |             |                   |             |             |
| 12. TOTALS (sum of lines 8 and 11)  | \$                             | \$          | \$                | \$          | \$          |
| SECTION D - FORECASTED CASH NEEDS   |                                |             |                   |             |             |
|   | Total for 1st Year             | 1st Quarter | 2nd Quarter       | 3rd Quarter | 4th Quarter |
|   | \$                             | \$          | \$                | \$          | \$          |
| 13. Federal   |                                |             |                   |             |             |
| 14. NonFederal  |                                |             |                   |             |             |
| 15. TOTAL (sum of lines 13 and 14)  | \$                             | \$          | \$                | \$          | \$          |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT |                                |             |                   |             |             |
| (a) Grant Program   | FUTURE FUNDING PERIODS (Years) |             |                   |             |             |
|   | (b) First                      | (c) Second  | (d) Third         | (e) Fourth  |             |
| 16.   | \$                             | \$          | \$                | \$          |             |
| 17.   |                                |             |                   |             |             |
| 18.   |                                |             |                   |             |             |
| 19.   |                                |             |                   |             |             |
| 20. TOTALS (sum of lines 16-19)   | \$                             | \$          | \$                | \$          |             |
| SECTION F - OTHER BUDGET INFORMATION<br>(Attach additional Sheets if Necessary) |                                |             |                   |             |             |
| 21. Direct Charges:   |                                |             |                   |             |             |
| 22. Indirect Charges:   |                                |             |                   |             |             |
| 23. Remarks   |                                |             |                   |             |             |

SF-424A (4-88) Page 2  
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## Instructions for the SF-424A

## General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Section A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

## Section A. Budget Summary

Lines 1-4, Columns (a) and (b)—For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title one each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g).—For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this.

Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Column (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

## Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

## Section C. Non-Federal Resources

Lines 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

## Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts of Lines 13 and 14.

## Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section annotate accordingly and how the overall totals on this line.

## Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

## Attachment D—Assurances—Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728–4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88–352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681–1683, and 1685–1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101–6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92–255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol and Rehabilitation Act of 1970 (P.L. 91–616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd–3 and 290 ee–3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91–646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501–1508 and 7324–7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a–7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327–333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93–234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91–190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources

of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93–523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a–1 et seq.).

14. Will comply with P.L. 93–348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89–544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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Signature of Authorized Certifying Official

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Title

---

Applicant Organization

---

Date Submitted

BILLING CODE 4184-01-M

Attachment E

**U.S. Department of Health and Human Services**  
**Certification Regarding Drug-Free Workplace Requirements**  
**Grantees Other Than Individuals**

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the May 25, 1990 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Department of Health and Human Services (HHS) determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or governmentwide suspension or debarment.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)

If the workplace identified to HHS changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see above).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15).

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and, (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and, (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or, (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments, if needed):

Place of Performance (Street address, City, County, State, ZIP Code) \_\_\_\_\_

Check  if there are workplaces on file that are not identified here.

Sections 76.630(c) and (d)(2) and 76.635(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central receipt point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, S.W., Washington, D.C. 20201.

DGMO Form#2 Revised May 1990

## Attachment F

*Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions*

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicated or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the Department of Health and Human Services' (HHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" provided below without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

*Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions*

## (To Be Supplied to Lower Tier Participants)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

(b) where the prospective lower tier participant is unable to certify to any of the

above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

## Attachment G—OMB State Single Point of Contact Listing\*

## Arizona

Joni Saad, Arizona State Clearinghouse, 3800 N. Central Avenue, Fourteenth Floor, Phoenix, Arizona 85012, Telephone: (602) 280-1315, FAX: (602) 280-1305

## Arkansas

Mr. Tracy L. Copeland, Manager, State Clearinghouse, Office of Intergovernmental Services, Department of Finance and Administration, 1515 W. 7th St., Room 412, Little Rock, Arkansas 72203, Telephone: (501) 682-1074, FAX: (501) 682-5206

## Alabama

Jon C. Strickland, Alabama Department of Economic and Community Affairs, Planning and Economic Development Division, 401 Adams Avenue, Montgomery, AL 36103-5690, Telephone: (205) 242-5483, FAX: (205) 242-5515

## California

Grants Coordinator, Office of Planning & Research, 1400 Tenth Street, Room 121, Sacramento, California 95814, Telephone (916) 323-7480, FAX (916) 323-3018

## Delaware

Francine Booth, State Single Point of Contact, Executive Department, Thomas Collins Building, P.O. Box 1401, Dover, Delaware 19903, Telephone: (302) 739-3326, FAX: (302) 739-5661

## District of Columbia

Charles Nichols, State Single Point of Contact, Office of Grants Mgmt. & Dev., 717 14th Street, N.W.—Suite 500, Washington, D.C. 20005, Telephone: (202) 727-6554, FAX: (202) 727-1617

## Florida

Florida State Clearinghouse, Department of Community Affairs, 2740 Centerview Drive, Tallahassee, Florida 32399-2100, Telephone: (904) 922-5438, FAX: (904) 487-2899

## Georgia

Tom L. Reid III, Administrator, Georgia State Clearinghouse, 254 Washington Street, S.W.—Room 401J, Atlanta, Georgia 30334, Telephone: (404) 656-3855 or (404) 656-3829, FAX: (404) 656-7938

## Illinois

Barbara Beard, State Point of Contact, Department of Commerce and Community Affairs, 620 East Adams, Springfield, Illinois 62701, Telephone: (217) 782-1671, FAX: (217) 534-1627

## Indiana

Amy Brewer, State Budget Agency, 212 State House, Indianapolis, Indiana 46204, Telephone: (317) 232-5619, FAX: (317) 233-3323

## Iowa

Steven R. McCann, Division for Community Assistance, Iowa Department of Economic Development, 200 East Grand Avenue, Des Moines, Iowa 50309, Telephone: (515) 242-4719, FAX: (515) 242-4859

## Kentucky

Ronald W. Cook, Office of the Governor, Department of Local Government, 1024 Capitol Center Drive, Frankfort, Kentucky 40601-8204, Telephone: (502) 573-2382, FAX: (502) 573-2512

## Maine

Joyce Benson, State Planning Office, State House Station #38, Augusta, Maine 04333, Telephone: (207) 287-3261, FAX: (207) 287-6489

## Maryland

William G. Carroll, Manager, State Clearinghouse for Intergovernmental Assistance, Maryland Office of Planning, 301 W. Preston Street—Room 1104, Baltimore, Maryland 21201-2365, Staff Contact: Linda Janey, Telephone: (410) 225-4490, FAX: (410) 225-4480

## Michigan

Richard Pfaff, Southeast Michigan Council of Governments, 1900 Edison Plaza, 660 Plaza Drive, Detroit, Michigan 48226, Telephone: (313) 961-4266

## Mississippi

Cathy Mallette, Clearinghouse Officer, Department of Finance and Administration, 455 North Lamar Street, Jackson, Mississippi 39202-3087, Telephone: (601) 359-6762, FAX: (601) 359-6764

## Missouri

Lois Pohl, Federal Assistance Clearinghouse, Office of Administration, P.O. Box 809, Room 760, Truman Building, Jefferson City, Missouri 65102, Telephone: (314) 751-4834, FAX: (314) 751-7819

## Nevada

Department of Administration, State Clearinghouse, Capitol Complex, Carson City, Nevada 89710, Telephone: (702) 687-4065, FAX: (702) 687-3983

## New Hampshire

Jeffrey H. Taylor, Director, New Hampshire Office of State Planning, Attn: Intergovernmental Review Process, Mike Blake, 2½ Beacon Street, Concord, New Hampshire 03301, Telephone: (603) 271-2155, FAX: (603) 271-1728

## New Jersey

Gregory W. Adkins, Assistant Commissioner, New Jersey Department of Community Affairs

Please direct all correspondence and questions about intergovernmental review to: Andrew J. Jaskolka, State Review Process, Intergovernmental Review Unit CN 800, Room 813A, Trenton, New Jersey 08625-

0800, Telephone: (609) 292-9025, FAX: (609) 633-2132.

#### New Mexico

Robert Peters, State Budget Division, Room 190, Bataan Memorial Building, Santa Fe, New Mexico 87503, Telephone: (505) 827-3640

#### New York

New York State Clearinghouse, Division of the Budget, State Capitol, Albany, New York 12224, Telephone: (518) 474-1605

#### North Carolina

Chrys Baggett, Director, N.C. State Clearinghouse, Office of the Secretary of Admin., 116 West Jones Street, Raleigh, North Carolina 27603-8003, Telephone: (919) 733-7232, FAX: (919) 733-9571

#### North Dakota

North Dakota Single Point of Contact, Office of Intergovernmental Assistance, 600 East Boulevard Avenue, Bismarck, North Dakota 58505-0170, Telephone: (701) 224-2094, FAX: (701) 224-2308

#### Ohio

Larry Weaver, State Single Point of Contact, State Clearinghouse, Office of Budget and Management, 30 East Broad Street, 34th Floor, Columbus, Ohio 43266-0411

Please direct correspondence and questions about intergovernmental review to: Linda Wise, Telephone: (614) 466-0698, FAX: (614) 466-5400

#### Rhode Island

Daniel W. Varin, Associate Director, Department of Administration/Division of Planning, One Capitol Hill, 4th Floor, Providence, Rhode Island 02908-5870, Telephone: (401) 277-2656, FAX: (401) 277-2083

Please direct correspondence and questions to: Review Coordinator, Office of Strategic Planning.

#### South Carolina

Omeagia Burgess, State Single Point of Contact, Grant Services, Office of the Governor, 1205 Pendleton Street—Room 477, Columbia, South Carolina 29201, Telephone: (803) 734-0494, FAX: (803) 734-0385

#### Texas

Tom Adams, Governor's Office, Director, Intergovernmental Coordination, P.O. Box 12428, Austin, Texas 78711, Telephone: (512) 463-1771, FAX: (512) 463-1880

#### Utah

Carolyn Wright, Utah State Clearinghouse, Office of Planning and Budget, Room 116 State Capitol, Salt Lake City, Utah 84114, Telephone: (801) 538-1535, FAX: (801) 538-1547

#### Vermont

Nancy McAvoy, State Single Point of Contact, Pavilion Office Building, 109 State Street, Montpelier, Vermont 05609, Telephone: (802) 828-3326, FAX: (802) 828-3339

#### West Virginia

Fred Cutlip, Director, Community Development Division, W. Virginia Development Office, Building #6, Room 553, Charleston, West Virginia 25305, Telephone: (304) 558-4010, FAX: (304) 558-3248

#### Wisconsin

Martha Kerner, Section Chief, State/Federal Relations, Wisconsin Department of Administration, 101 East Wilson Street—6th Floor, P.O. Box 7868, Madison, Wisconsin 53707, Telephone: (608) 266-2125, FAX: (608) 267-6931

#### Wyoming

Sheryl Jeffries, State Single Point of Contact, Herschler Building, 4th Floor, East Wing, Cheyenne, Wyoming 82002, Telephone: (307) 777-7574, FAX: (307) 638-8967

#### TERRITORIES

##### Guam

Mr. Giovanni T. Sgambelluri, Director, Bureau of Budget and Management Research, Office of the Governor, P.O. Box 2950, Agaña, Guam 96910, Telephone: 011-671-472-2285, FAX: 011-671-472-2825

##### Puerto Rico

Norma Burgos/Jose E. Caro, Chairwoman/Director, Puerto Rico Planning Board, Federal Proposals Review Office, Minillas Government Center, P.O. Box 41119, San Juan, Puerto Rico 00940-1119, Telephone: (809) 727-4444, (809) 723-6190, FAX: (809) 724-3270, (809) 724-3103

##### North Mariana Islands

State Single Point of Contact, Planning and Budget Office, Office of the Governor, Saipan, CM, Northern Mariana Islands 96950

##### Virgin Islands

Jose George, Director, Office of Management and Budget, #41 Norregade Emancipation Garden, Station, Second Floor, Saint Thomas, Virgin Islands 00802

Please direct all questions and correspondence about intergovernmental review to: Linda Clarke, Telephone: (809) 774-0750, FAX: (809) 776-0069.

#### Attachment H—Certification Regarding Lobbying

##### *Certification for Contracts, Grants, Loans, and Cooperative Agreements*

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of

Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form—LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### *State for Loan Guarantee and Loan Insurance*

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form—LLL "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title

Organization

Date

BILLING CODE 4184-01-M



## Attachment I

The following DHHS regulations apply to all applicants/grantees under the National Youth Sports Program:

Title 45 of the *Code of Federal Regulations*:

Part 16—Procedures of the Departmental Grant Appeals Board

Part 74—Administration of Grants (non-governmental)

Part 74—Administration of Grants (state and local governments and Indian Tribal affiliates):

## Sections

74.62(a) Non-Federal Audits

74.173 Hospitals

74.174(b) Other Nonprofit Organizations

74.304 Final Decisions in Disputes

74.710 Real Property, Equipment and Supplies

74.715 General Program Income

Part 75—Informal Grant Appeals Procedures

Part 76—Debarment and Suspension from Eligibility for Financial Assistance

Subpart F—Drug Free Workplace Requirements

Part 80—Non-discrimination Under Programs Receiving Federal Assistance through the Department of Health and Human Services, Effectuation of Title VI of the Civil Rights Act of 1964

Part 81—Practice and Procedures for Hearings Under Part 80 of this Title

Part 84—Non-discrimination on the Basis of Handicap in Programs

Part 86—Non-discrimination on the basis of sex in the admission of individuals to training programs

Part 91—Non-discrimination on the basis of Age in Health and Human Services Programs or Activities Receiving Federal Financial Assistance

Part 92—Uniform Administrative Requirements for Grants and Cooperative Agreements to States and Local Governments (Federal Register, March 11, 1988)

Part 93—New Restrictions on Lobbying

Part 100—Intergovernmental Review of Department of Health and Human Services Programs and Activities

*Certification Regarding Environmental Tobacco Smoke*

Public Law 103-227, Part C—Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an

administrative compliance order on the responsible entity.

By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for children's services and that all subgrantees shall certify accordingly.

[FR Doc. 96-5148 Filed 3-5-96; 8:45 am]

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**Food and Drug Administration**

[Docket No. 95N-0288]

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995, Federal agencies are required to publish a notice in the Federal Register concerning each collection of information and allow 60 days for public comment in response to the notice. This notice solicits comments on requirements relating to the approval and labeling of color additives.

**DATES:** Submit written comments on the information collection requirements by May 6, 1996.

**ADDRESSES:** Submit written comments on the information collection requirements to the Dockets Management Branch (HFA-305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857. All comments should be identified with the docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Mark L. Pincus, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B-19, Rockville, MD 20857, 301-443-4055.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c). To comply with this

requirement, FDA is publishing notice of the proposed collection of information listed below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Sections 70.25 *Labeling requirements for color additives (other than hair dyes)* (21 CFR 70.25) and 71.1 *Petitions* (21 CFR 71.1) (OMB Control Number 0910-0185—Extension)

Section 721(a) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 379e) provides that a color additive shall be deemed to be unsafe unless the additive and its use are in conformity with a regulation that describes the condition(s) under which the additive may safely be used, or unless the additive and its use conform to the terms of an exemption for investigational use issued under section 721(f) of the act. Color additive petitions are submitted by individuals or companies to obtain approval of a new color additive or a change in the conditions of use permitted for a color additive that is approved already. Section 71.1 specifies the information that a petitioner must submit in order to establish the safety of a color additive and to secure the issuance of a regulation permitting its use.

FDA scientific personnel review color additive petitions to ensure that the intended use of the color additive in or on food, drugs, cosmetics, and medical devices is suitable and safe. Color additive petitions were specifically provided for by Congress when it enacted the Color Additive Amendments of 1960 (Pub. L. 94-295). If FDA stopped accepting color additive petitions or stopped requiring them to contain the information specified in § 71.1, the number of new color additives approved would decrease.

FDA's color additive labeling requirements in § 70.25 require that color additives that are to be used in foods, drugs, devices, or cosmetics be